

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

July 2, 1987



ALL-COUNTY INFORMATION NOTICE I- 58-87

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TEMPORARY MODIFICATIONS TO THE PAYMENT VERIFICATION
SYSTEM (PVS)

REFERENCE:

The Payment Verification System (PVS) is currently undergoing programming modifications in order to incorporate the Non-Assistance Food Stamps (NAFS) recipients, as required under the Federal Income and Eligibility Verification System (IEVS) requirements.


Due to these programming changes and other system changes between the State Department of Social Services and the Social Security Administration, counties will not receive any information regarding the receipt of Retirement, Survivors Disability Insurance (RSDI) benefits during the monthly runs that will be distributed to you in June and July 1987. Unemployment Insurance and Disability Insurance (UI/DI) benefit information will be coming to you in the new format, effective July 1, 1987 (Attachment 1).

RSDI information will return to the PVS printouts in August 1987. In addition, any new recipients that came on aid that had RSDI benefit changes during the months of May, June or July 1987, and are receiving benefits as of August will be transmitted to the counties in the August 1987 run.

Attached for your information is the response document that will be required for PVS after July 1, 1987. The response document will be automatically printed at the end of all individual PVS case printouts. However, counties will be required to complete the response document only in cases where the PVS information impacted eligibility or grant determination. (See Attachment 2.)


Print and data tape format information encompassing the 7/1/87 programming changes is available upon request. Counties currently using either of the tape formats will automatically receive the new layouts.

Any questions should be directed to Mr. Bill Schmidt, of the DSS Fraud Program Management Bureau, at (916) 924-2829.


ROBERT A. HOREL
Deputy Director

cc: CWDA

Attachments


for FRANK MARTUCCI, CHIEF
Medi-Cal Eligibility Branch
Department of Health
Services

STATE OF CALIFORNIA
PVS040DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM
RUN DATE 06/01/87ROUTE:01-111-1111
CO DS EW
PAGE 01CASE INFORMATION
CO CASE NO. FBU
01 1234567 1CASE NAME

SMITH HELEN

MATCH-FOUND

CASE INFORMATION AS REPORTED THROUGH MEDS INPUT

NAME		DATE OF	SSN	VERF.	AID	PER	MATCH-FOUND		
LAST	FIRST	BIRTH	SSN	CODE	CODE	NO.	R	U	D
SMITH	ALVIN	01/01/80	111-11-1111	1	35	01	X		
SMITH	BALWIN	02/01/79	222-22-2222	2	35	02	X		
SMITH	CALVIN	03/01/78	333-33-3333	1	35	03	X		
SMITH	DARRIN	04/01/77	444-44-4444	A	35	04			
SMITH	EUNICE	05/01/76	555-55-5555	B	35	05			
SMITH	FELICE	06/01/75	666-66-6666	C	35	06	SSN	INVAL	
SMITH	GRADY	07/01/68	777-77-7777	1	09	07	SSN	INVAL	
SMITH	HELEN	08/01/50	888-88-8888	1	35	50			X
SMITH	IRVIN	09/01/40	999-99-9999	1	35	60			X

----- RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS -----

INFORMATION SENT TO SSA

NAME		SEX	DATE OF	SSN	PERSON
LAST	FIRST		BIRTH		NUMBER
SMITH	ALVIN	A	01/01/80	111-11-1111	01

INFORMATION RETURNED BY SSA

NAME		SEX	DATE OF	BENEFICIARY
LAST	FIRST		BIRTH	SSN
SMITH	ALVIN	A	01/01/80	111-11-1111

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS 888-88-8888-11

BENEFIT AMOUNT	BENEFIT AMOUNT	ENTITLEMENT	MEDICARE	
FOR MONTH OF	FOR MONTH OF	INITIAL	PREMIUM	BUY-IN
08/86	09/86	TYPE DATE OF	PAYER	AMOUNT
\$ 10.00	\$ 11.00	D 01/80	AAAAA	\$ 11.00

PAYMENT STATUS MESSAGE-

COMMUNICATION MESSAGE-

--- CONTACT THE SSA OFFICE FOR ADDITIONAL INFORMATION ---

***** CONTINUED ON NEXT PAGE *****

*** CONFIDENTIAL INFORMATION CONFIDENTIAL INFORMATION ***

CASE INFORMATION			CASE NAME	
CO	CASE NO.	FBU	-----	
01	1234567	1	SMITH	HELEN

----- RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS -----

INFORMATION SENT TO SSA

NAME -----			SEX	DATE OF	SSN	PERSON
LAST	FIRST	M		BIRTH		NUMBER
SMITH	BALWIN	B	M	02/01/79	222-22-2222	02

INFORMATION RETURNED BY SSA

NAME -----			SEX	DATE OF	BENEFICIARY
LAST	FIRST	M		BIRTH	SSN
SMITH	BALWIN	B	M	02/01/79	222-22-2222

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS 222-22-2222-22

BENEFIT AMOUNT	BENEFIT AMOUNT	ENTITLEMENT	---- MEDICARE ----	
FOR MONTH OF	FOR MONTH OF	INITIAL	PREMIUM	BUY-IN
08/86	09/86	TYPE	PAYER	AMOUNT
\$ 10.00	\$ 11.00	D 01/80	SELF	\$ 11 .00

PAYMENT STATUS MESSAGE-

COMMUNICATION MESSAGE-

STATE OF CALIFORNIA
PVS040

DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM
RUN DATE 06/01/87

ROUTE:01-111-1111
CO DS EW
PAGE 03

CASE INFORMATION			CASE NAME	
CO	CASE NO.	FBU	-----	
01	1234567	1	SMITH	HELEN

----- RSDI INFO. AS REPORTED BY SSA ON AN EXCEPTION BASIS -----
INFORMATION SENT TO SSA

----- NAME -----			SEX	DATE OF	SSN	PERSON
LAST	FIRST	M		BIRTH		NUMBER
SMITH	CALVIN	C	M	03/01/78	333-33-3333	03

INFORMATION RETURNED BY SSA

----- NAME -----			SEX	DATE OF	BENEFICIARY
LAST	FIRST	M		BIRTH	SSN
SMITH	CALVIN	C	M	03/01/78	333-33-3333

SSA CLAIM (SSN #) UPON WHICH BENEFITS ARE PAID IS 333-33-3333-33

BENEFIT AMOUNT	BENEFIT AMOUNT	ENTITLEMENT	---- MEDICARE ----	
FOR MONTH OF	FOR MONTH OF	INITIAL	PREMIUM	BUY-IN
08/86	09/86	TYPE DATE OF	PAYER	AMOUNT
\$ 10.00	\$ 11.00	D 01/80	AAAAA	\$ 11.00

PAYMENT STATUS MESSAGE-

COMMUNICATION MESSAGE-

STATE OF CALIFORNIA
PVS040

DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM
RUN DATE 06/01/87

ROUTE:01-111-1111
CO DS EW
PAGE 04

CASE INFORMATION			CASE NAME	
CO	CASE NO.	FBU	-----	
01	1234567	1	SMITH	HELEN

----- UI INFO. REPORTED BY EDD AS OF 05/30/87 -----

INFORMATION SENT TO EDD

NAME			SEX	DATE OF	SSN	PERSON
LAST	FIRST	M		BIRTH		NUMBER
SMITH	IRVIN	D	M	09/01/40	999-99-9999	60

INFORMATION RETURNED BY EDD

NAME			CLAIMANTS
LAST	F.I.	M	SSN
SMITH	I	D	999-99-9999

DATE LAST CLAIM	BEGIN DATE	MAXIMUM BENEFITS	\$
ENTERED EDD FILE	OF CLAIM	WEEKLY BENEFITS	
05/01/86	05/10/86	REMAINING BENEFITS	\$ 200

CHECK	AMOUNT	CHECK	FOR WEEK	CHECK	FIELD	REPORTED
ISSUED		NUMBER	ENDING	CLEARED	OFFICE	EARNINGS
08/15/86	\$ 50	11112222	08/15/86	08/17/86	7777	\$ 0
08/07/86	\$ 25	22223333	08/07/86	08/10/86	7777	\$ 25
08/01/86	\$ 50	33334444	08/01/86	08/05/86	7777	\$ 0
07/24/86	\$ 50	44445555	07/24/86	07/30/86	7777	\$ 0
07/17/86	\$ 50	55556666	07/17/86	07/25/86	7777	\$ 0
07/10/86	\$ 25	66667777	07/10/86	07/17/86	7777	\$ 25
07/03/86	\$ 50	77778888	07/03/86	07/10/86	7777	\$ 0

***** CONTINUED ON NEXT PAGE *****
*** CONFIDENTIAL INFORMATION CONFIDENTIAL INFORMATION ***

STATE OF CALIFORNIA
PVS040

DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM
RUN DATE 06/01/87

ROUTE:01-111-1111
CO DS EW
PAGE 05

CASE INFORMATION
CO CASE NO. FBU
01 1234567 1

CASE NAME

SMITH HELEN

-----DI INFO. REPORTED BY EDD AS OF 08/25/86 -----

INFORMATION SENT TO EDD

NAME			SEX	DATE OF BIRTH	SSN	PERSON NUMBER
LAST	FIRST	M				
SMITH	HELEN	H	M	09/01/40	888-88-8888	50

INFORMATION RETURNED BY EDD

NAME			CLAIMANTS
LAST	F.I.	M	SSN
SMITH	H	H	888-88-8888

CHECK ISSUED	AMOUNT	CHECK NUMBER	FIELD OFFICE	STATUS CODE	CHECK STATUS
07/15/86	\$ 99.00	909090	2100	1	NOT CLEAED
07/01/86	\$ 99.00	090909	2100	2	CLEARED
06/20/86	\$ 99.00	999999	2100	2	CLEARED

STATUS CODE MESSAGE-

(1)

(2)

*** CONFIDENTIAL INFORMATION

CONFIDENTIAL INFORMATION ***

----- END OF CASE -----

FOR COUNTY USE ONLY

CASE CORRECT	CASE CLOSED	ADMIN. ERROR	CLIENT ERROR	REFERRED FOR INVESTIGATION	E.W. INIT.	DATE
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IS THERE A POTENTIAL OF AN EXTRA CHECK IN THE MONTH OF _____ ? Y/N

STATE OF CALIFORNIA
PVS040DEPARTMENT OF SOCIAL SERVICES
IEVS/PAYMENT VERIFICATION SYSTEM
RUN DATE 06/23/87ROUTE: 58-003-CASE
CO DS EW
PAGE 03CASE INFORMATION
CO CASE NO. FBU
58 5300003 3CASE NAME

YUBA CASE TWO

-----COUNTY RESPONSE-----

PLEASE ANSWER ALL APPLICABLE QUESTIONS AND RETURN
THE FORM TO THE ADDRESS BELOW, ONLY IF THE IEVS
INFORMATION IMPACTED THE GRANT, ISSUANCE AMOUNT,
SHARE OF COST, OR ELIBILITY.

A. CASE: 58 5300003 3

B. RUN DATE: 06/23/87

1. WHAT PROGRAM(S) WAS AFFECTED AND
-
- WHAT WAS THE ACTUAL/POTENTIAL
-
- AMOUNT OF THE OVERPAYMENT/OVER-
-
- ISSUANCE OR MONTHLY SHARE OF COST
-
- INCREASE?

WHOLE	C. AFDC \$	
DOLLARS	D. FS \$	
ONLY	E. MCO \$	
	F. OTHER \$	

2. WHAT TYPE(S) OF UNREPORTED INCOME WAS
-
- THE REASON FOR THE ACTUAL/POTENTIAL
-
- OVERPAYMENT/OVERISSUANCE OR MONTHLY
-
- SHARE OF COST INCREASE?

'X' ALL THAT APPLY:

G. UI.....| | 1
H. DI.....| | 2
I. RSDI.....| | 3

3. DID THE IEVS MATCH INFORMATION RESULT
-
- IN THE CASE BEING DISCONTINUED?

'X' ONE:

J. YES.....| | 1
K. NO.....| | 2

WHEN COMPLETED, MAIL THE FORMS TO:

DEPARTMENT OF SOCIAL SERVICES
FRAUD PROGRAM MANAGEMENT BUREAU
744 P STREET, MS 19-26
SACRAMENTO, CA 95814